

# Resident Grievances: Quality Assurance Performance Improvement (QAPI) in a Culture Change Environment

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**Quality Improvement  
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# Objectives

- **Describe five elements for framing Quality Assurance/Performance Improvement (QAPI) in the nursing home**
- **Discuss action steps to implement QAPI with resident grievance process**
- **Identify federal regulations which support using QAPI for resident grievances**

# Quality Assurance & Performance Improvement (QAPI)



**Accelerating improvement –**

**Transforming nursing homes through  
continuous attention to quality of care and  
quality of life.**



# Performance improvement is continuous.

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*A philosophy that no matter how good we are,  
there is always room for improvement.*



# QA + PI = QAPI

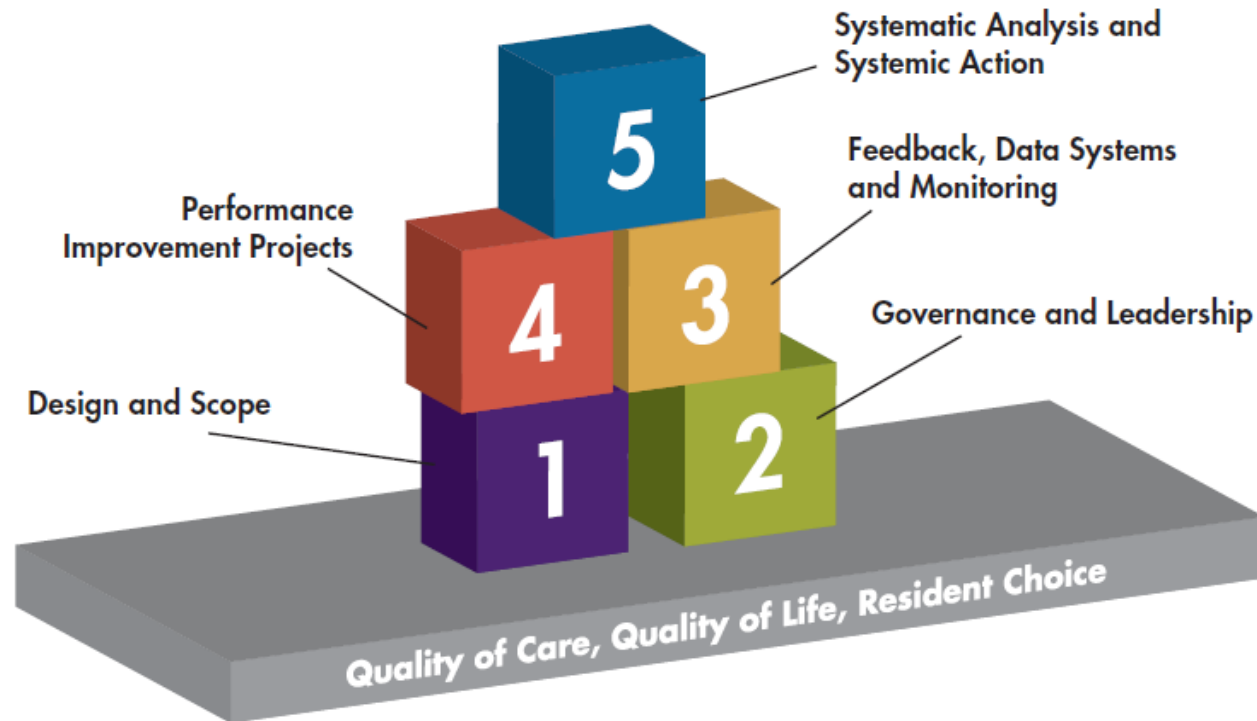
	QUALITY ASSURANCE	PERFORMANCE IMPROVEMENT
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention
Attitude	Required, reactive	Chosen, proactive
Focus	Outliers: <i>"bad apples"</i> Individuals	Processes or Systems
Scope	Medical provider	Resident care
Responsibility	Few	All

**QA + PI = QAPI**

# Five Elements of QAPI

- **Design & scope**
- **Governance & leadership**
- **Feedback, data systems & monitoring**
- **Performance improvement projects**
- **Systematic analysis & systemic action**

# Five Elements of QAPI



# Design and Scope

- **Ongoing and comprehensive**
- **Full range of services offered by the facility**
- **Address clinical care, quality of life, resident choice and care transitions**



# Design and Scope

- **Safety and high quality with all clinical interventions**
- **Autonomy and choice in daily life for residents**
- **Best available evidence to define and measure goals**

# Self-Assessment Tool

## QAPI Self-Assessment Tool



**Directions:** Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization's progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Date of Review: \_\_\_\_\_ Next review scheduled for: \_\_\_\_\_

Rate how closely each statement fits your organization	Not started	Just starting	On our way	Almost there	Doing great
Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program. Notes:					
Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful. Notes:					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments; and is revised on an ongoing basis. For example, a written plan that is done purely for compliance and not referenced would not meet the intent of a QAPI plan. Notes:					
Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work being done in our organization. For example, it would be evident from meeting minutes of the board or other leadership meetings that they are informed of what is being learned from the data, and they provide input on what initiatives should be considered. Other examples would be having leadership (board or executive leadership) representation on performance improvement projects or teams, and providing resources to support QAPI. Notes:					

QAPI SELF-ASSESSMENT TOOL

Disclaimer: Use of this tool is not mandated by CMS for regulatory compliance nor does its completion ensure regulatory compliance.

# Governance and Leadership



- **Understand the QAPI business case**
- **Promote a fair and open culture -- staff comfortable identifying quality problems and opportunities**
- **Ensure that staff is held accountable**

**Atmosphere free from fear of retaliation for reporting quality concerns.**

# Governance and Leadership



- **Create a culture that embraces the principles of QAPI**
- **Promote engagement and commitment of staff, residents and families to QAPI**
- **Involve residents and families in facility QAPI process**
- **Focus on customer needs and expectations**

# Feedback, Data Systems and Monitoring

- **Identify what you need to monitor**
- **Collect, track and monitor measures/indicators**
- **Set goals, benchmarks, thresholds**
- **Identify gaps and opportunities**
- **Prioritize what you will work to improve**
- **Use data to drive decisions**

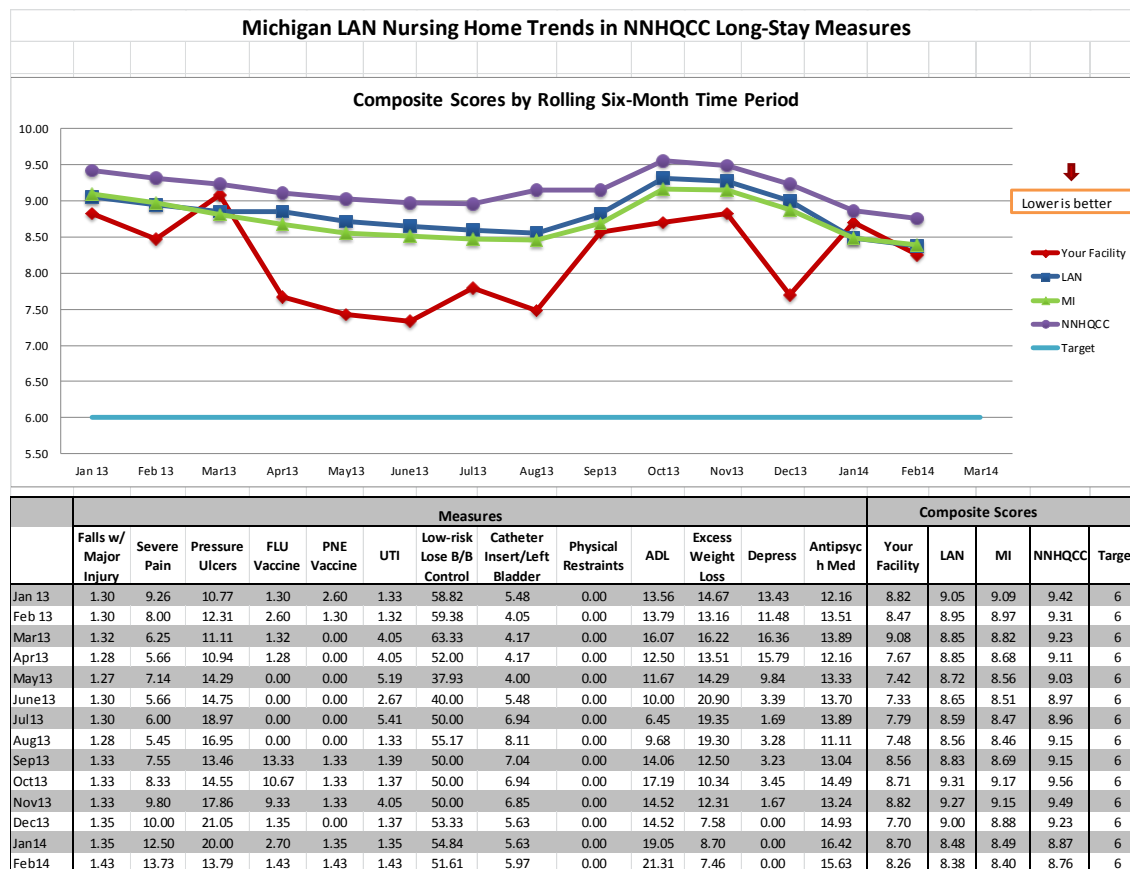
# Nursing Home Goals

- **Achieve a score of six or lower on the Nursing Home Quality Composite Measure score**
- **Improve mobility of long-stay residents**
- **Decrease unnecessary use of anti-psychotic medications**
- **Decrease healthcare-associated infections and other healthcare-acquired conditions**
- **Decrease potentially avoidable hospitalizations**

# Quality Measure Composite Score

- **Developed to measure performance -- National Nursing Home Quality Care Collaborative (NNHQCC) 2011-2014**
- **Comprised of 13 long stay quality measures**
- **Goal based on nearly 10 percent of nursing homes nationally have composite score of six or less**
- **Current national aggregate is 9.38 percent**
- **Current Michigan aggregate is 9.15 percent**

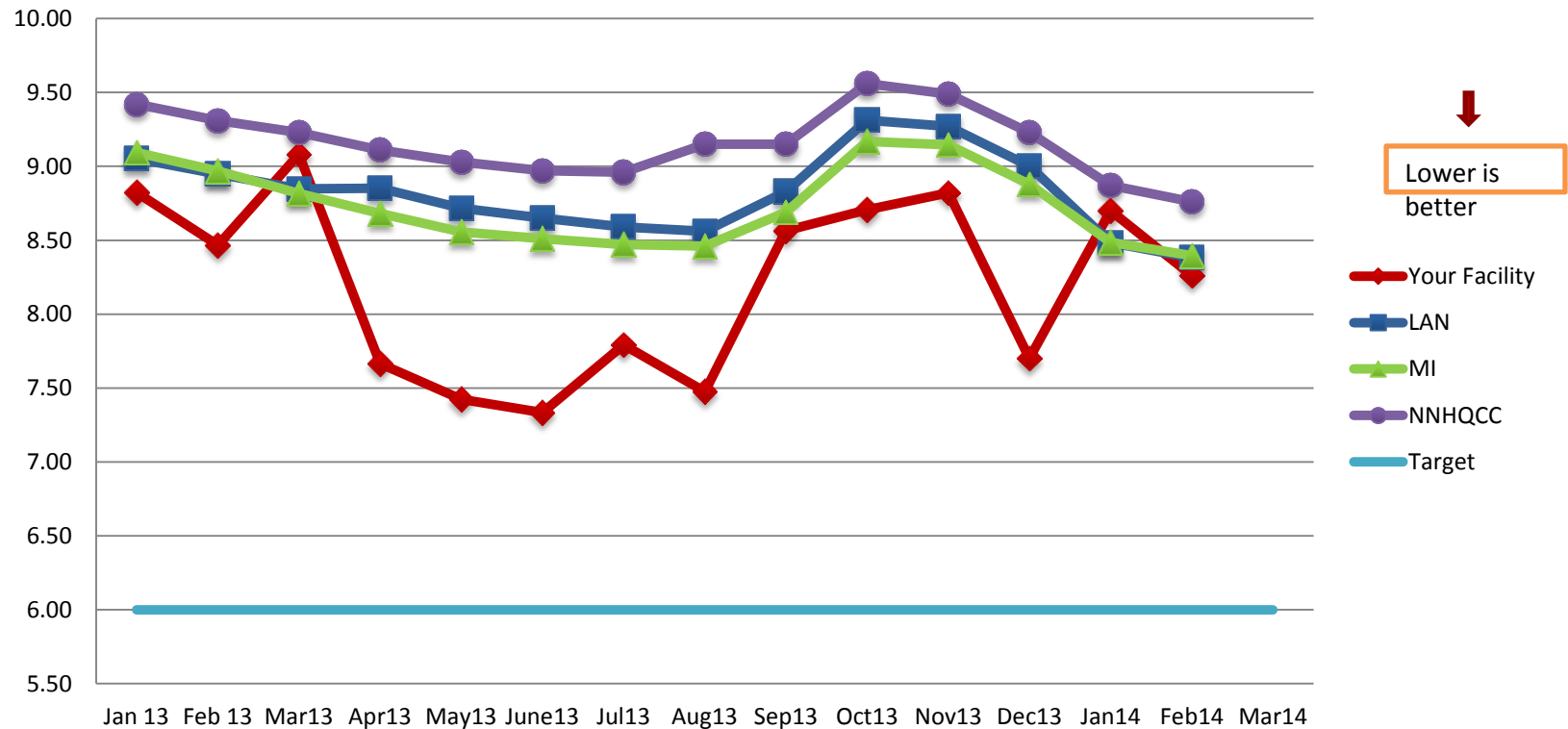
# NNHQCC Composite Score





# NNHQCC Composite Score

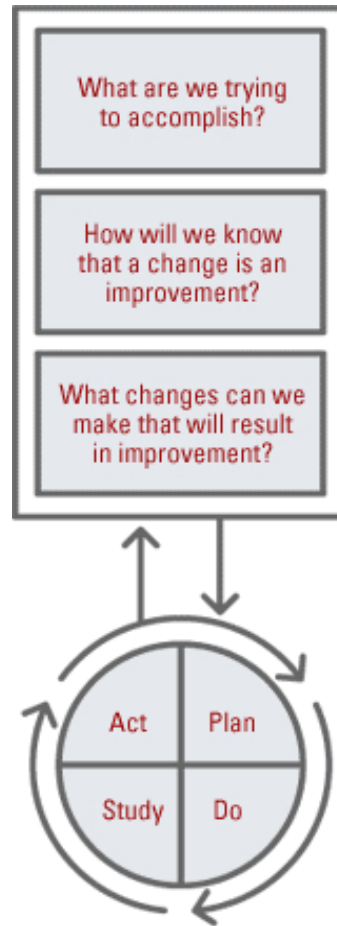
Composite Scores by Rolling Six-Month Time Period



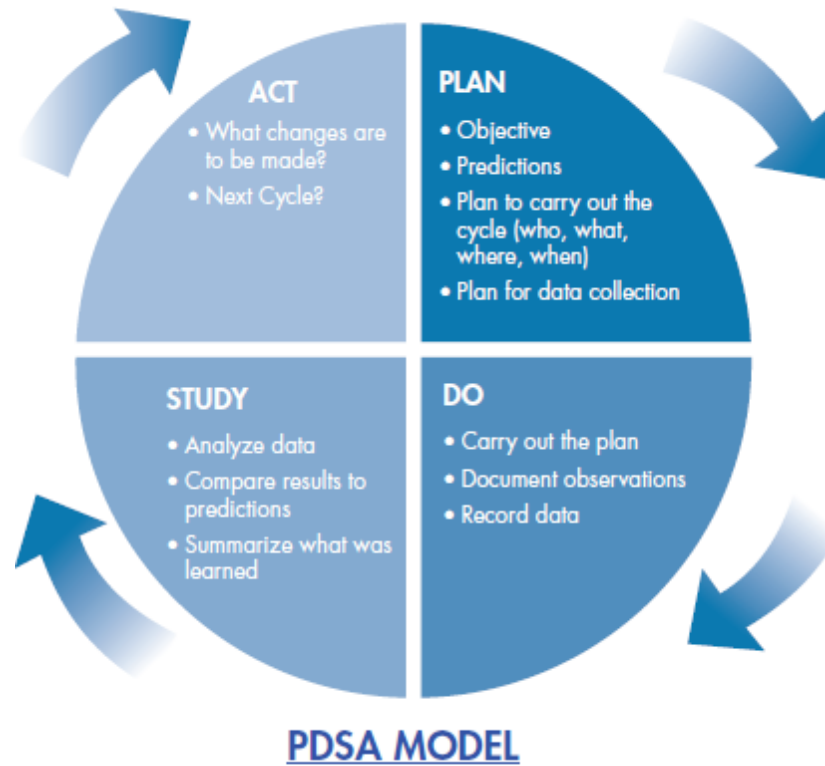
# Performance Improvement Projects (PIPs)

- **Focus on topics that are meaningful and address the needs of the residents and staff**
- **Charter PIP teams**
- **Support staff in being effective PIP team members**
- **Plan, implement, measure, monitor and document changes using a structured PI approach**

# Performance Improvement Roadmap



# Performance Improvement Roadmap



# Why Teams?

- **No one works alone in health care**
- **No one of us are as smart as we are when we come together**
- **Each team member becomes an owner of the change**
- **Everyone learns, everyone teaches**
- **Teamwork begins to break down walls and barriers between departments**

# Systematic Analysis and Systemic Action



- **Understand and focus on organizational processes and systems**
- **Model and promote systems thinking**
- **Practice root cause analysis**
- **Take action at the systems level**

# QAPI Resources

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>

# Questions?

Please contact  
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# Thank you!

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